

Date 4-3-81

Permit No. 81-11

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

1. Permittee: BOSTON GAS CO Address: WEST CONCORD
2. Location of Proposed Construction: 21 PROSPECT ST
3. Purpose of Construction: REPAIR GAS LEAK
4. Length of Cut: 4'
5. Width of Cut: 4'
6. Width of Existing Pavement: 25'
7. Type of Existing Roadway Surface: BT. C. W. Type of Curb:
8. Type of Existing Sidewalk Surface: Type of Shoulder:
9. Date of Street Opening: From S.A.P. To SAME DAY

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated February 4, 1969. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Witness my hand and seal,

Signature of Applicant

Robert Quirk

Special Instructions:

INSP. 4-10-81 D.A. D.H. M.K.
NO WORK

Permit Issued: Date APRIL 10, 1981 By: D. Abbott

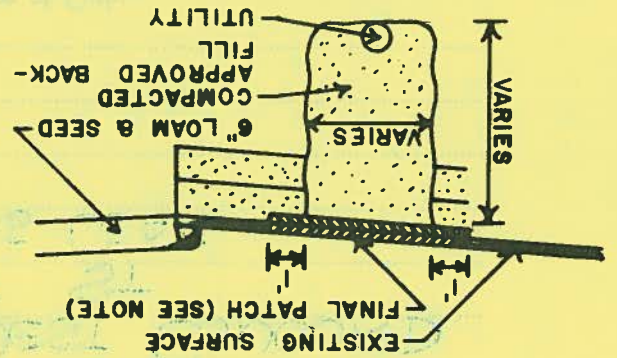
Application Denied: Date By:

Work Inspected and Approved: Date By:

Fee \$5.00

(over)

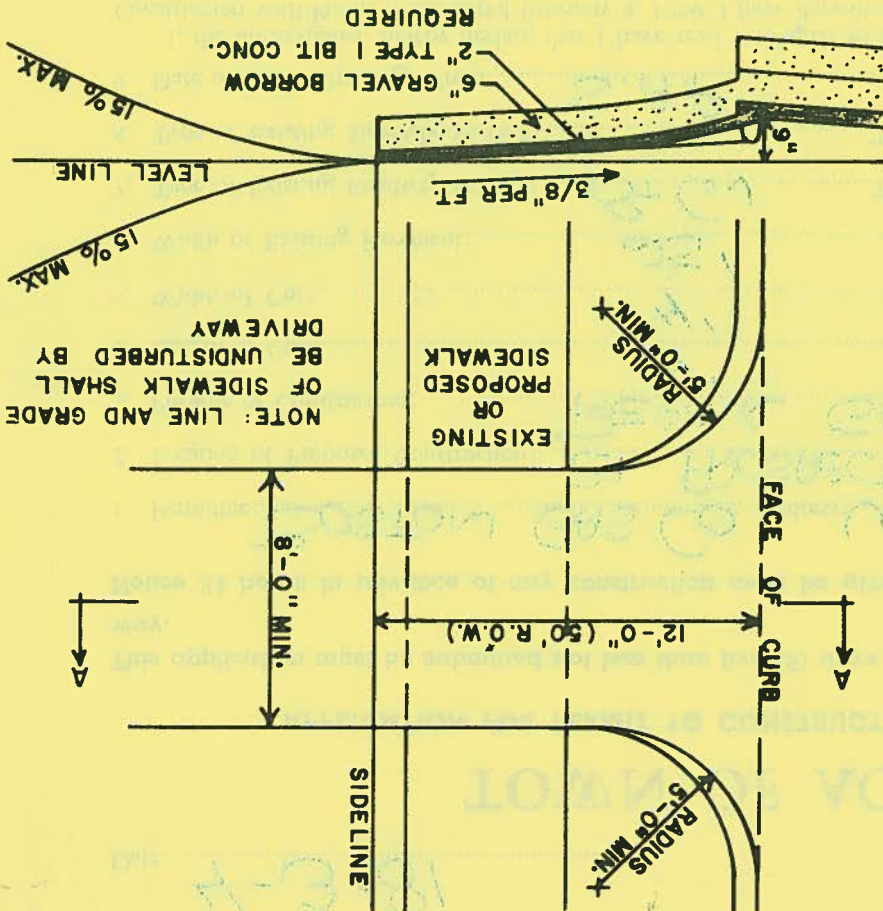
TOWN OF ACTON TRENCH DRIVEWAY FEB. 1969 NO SCALE



NOTE: 1. FINAL PATCH DEPTH
3" OIL TREATED ROADS
4" BIT. CONC. ROADS
2. SEE SPECIFICATIONS FOR
FURTHER REQUIREMENTS

SKETCH

SECTION A-A



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3. Purpose of Construction: REPAIR GAS LEAK
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5. Width of Cut: 4'
6. Width of Existing Pavement: 25'
7. Type of Existing Roadway Surface: 3-CW Type of Curb: _____
8. Type of Existing Sidewalk Surface: _____ Type of Shoulder: _____
9. Date of Street Opening: From SAP To SAME DAY

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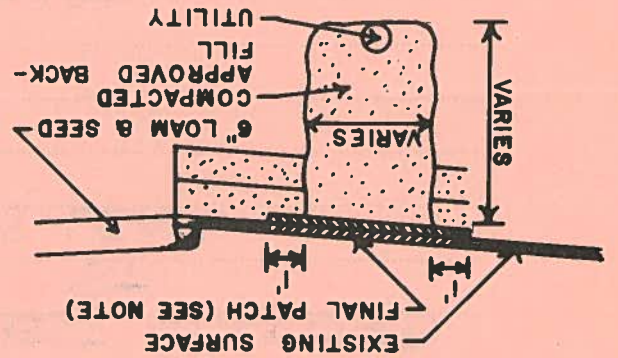
Application Denied: Date _____ By: _____

Work Inspected and Approved: Date _____ By: _____

Fee \$5.00

(over)

TOWN OF ACTON TRENCH DETAIL FEB. 1969 NO SCALE



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